

1. CIR./DIST./DIV. CODE GUX	2. PERSON REPRESENTED HSU, CHIEN-JUNG		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 1:06-000037-001	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. v. HSU	8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1029A.F -- PRODUCES/TRAFFICS IN COUNTERFEIT DEVICE				

REQUEST AND AUTHORIZATION FOR EXPERT SERVICES

12. ATTORNEY'S STATEMENT

As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:

Authorization to obtain the service. Estimated Compensation: \$ _____ OR

Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$500.)

Signature of Attorney

Date

Panel Attorney Retained Atty Pro-Se Legal Organization

Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address.

FILED

DISTRICT COURT OF GUAM

SEP 12 2006

MARY L.M. MORAN

CLERK OF COURT

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)

Telephone Number: _____

14. TYPE OF SERVICE PROVIDER

- | | |
|---|--|
| 01 Investigator | 20 Legal Analyst/Consultant |
| 02 <input checked="" type="checkbox"/> Interpreter/Translator | 21 Jury Consultant |
| 03 Psychologist | 22 Mitigation Specialist |
| 04 Psychiatrist | 23 Duplication Services (See Instructions) |
| 05 Polygraph Examiner | 24 Other (specify) _____ |
| 06 Documents Examiner | |
| 07 <input type="checkbox"/> Fingerprint Analyst | |
| 08 Accountant | |
| 09 CALR (Westlaw/Lexis, etc) | |
| 10 Chemist/Toxicologist | |
| 11 Ballistics Expert | |
| 13 Weapons/Firearms/Explosive Expert | |
| 14 Pathologist/Medical Examiner | |
| 15 Other Medical Expert | |
| 16 Voice/Audio Analyst | |
| 17 Hair/Fiber Expert | |
| 18 Computer (Hardware/Software/Systems) | |
| 19 Paralegal Services | |

15. Court Order

Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted.

Signature of Presiding Judicial Officer or By Order of the Court

Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of authorization.

YES NO

16. SERVICES AND EXPENSES

(Attach itemization of services and expenses with dates)

	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation			
b. Travel Expenses (lodging, parking, meals, mileage, etc.)			
c. Other Expenses			

17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS

TIN: _____

Telephone Number: _____

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____

CLAIM STATUS Final Interim Payment Number _____ Supplemental Payment

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.

Signature of Claimant/Payee: _____

Date: _____

18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case.

Signature of Attorney: _____

Date: _____

19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOT. AMT APPROVED/CERTIFIED
23. Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained. Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500.			
Signature of Presiding Judicial Officer		Date	Judge/Mag. Judge Code
24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3)			
Signature of Chief Judge, Court of Appeals (or Delegate)		Date	Judge Code